

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES**

**INITIAL APPLICATION FOR STATE LICENSE TO OPERATE AN INDEPENDENT
FOSTER HOME FOR CHILDREN**

Application is hereby made for a license to accept children in my home for full-time care, pursuant to the provisions of Section 63.1-197, *Code of Virginia*, and the rules and regulations of the Board of Social Services as provided for by law. We submit the following information for your initial consideration, and we understand that a visit from a representative of the Virginia Department of Social Services is necessary prior to action on this application.

Members of Household	Last Name	First Name	Middle Initial	Date of Birth	Relationship to head of household.
Husband					XXXXXXXXXXXXXXXXXX
Wife (<i>Maiden Name</i>)					XXXXXXXXXXXXXXXXXX
Own children living in home					XXXXXXXXXXXXXXXXXX
					XXXXXXXXXXXXXXXXXX
					XXXXXXXXXXXXXXXXXX
					XXXXXXXXXXXXXXXXXX
					XXXXXXXXXXXXXXXXXX
Other persons living in household, including any children now being cared for					

State preference as to number of children, age and sex: _____

Description of activities and services to be provided: _____

If children have been placed in your home before, state whether by another agency or private arrangements: _____

Present employment of each member of family who is working: _____

Do you own your home?_____ How many rooms are in your home?_____ How many bedrooms?_____

Do you have a private or public water supply? _____ Do you have a septic tank? _____

Name of nearest school and distance from home: _____

Address of School: _____

Family Physician: _____ Address: _____

(Directions for reaching our home from central point of nearest town:) _____

Give the names and addresses of three citizens as references (*Give names of persons who are personally acquainted with you and your homelife, who are not related to you*):

NAME

ADDRESS

IN MAKING THIS APPLICATION, I STATE THAT:

1. I am in receipt of and have read a copy of the Minimum Standards for Licensed Independent Foster Homes and other applicable regulations and statutes.
2. I certify that it is my intent to comply with the aforementioned regulations and statutes and to remain in compliance with them if I am so licensed.
3. I grant permission to the Department of Social Services and/or its authorized agents to make all necessary investigation of the circumstances surrounding this application and any statement made herein, including financial status, inspection of the facility and review of records. I understand that, following licensure, authorized agents of the Department will make announced and unannounced visits to the facility to determine its compliance with standards and to investigate any complaints received.
4. I understand that the Department of Social Services shall request, as needed, reports from the Local Health Department, State Fire Marshall and Local Fire Department.
5. I understand that an application for a license is subject to either issuance or denial. In the event of denial, it is understood that I have the right to appeal this decision, which is explained in the general procedures regulation.

6. I am aware that it is a misdemeanor for any person to operate a child welfare agency defined in Section 63.1-195, *Code of Virginia*, without a license.
7. To the best of my knowledge and belief, all information I have given to the Department of Social Services and/or its authorized agents on the attached forms and during any pre-application conference is true and correct. I will supply true and correct information requested during all subsequent investigations.

It is understood that this application gives the Virginia Department of Social Services the right to secure information about the suitability of our home from other sources, including any agency for whom we have boarded children.]

SIGNED:

Husband's Signature: _____

Wife's Signature: _____

Address: _____

Phone Number: _____

Date: _____ County in which you live: _____

IFH INITIAL APPLICATION:

Required Attachments:

Attached

Financial Statement

Results of Tuberculin Skin Tests for Each Member of Household

Home Study Assessment

Criminal History Records

Sworn Disclosure Statements

Child Protective Services Registry Check